



# PERFORMANCE IMPROVEMENT

## MT TRAUMA SYSTEM 2013 UPDATE



# PERFORMANCE IMPROVEMENT REVIEW

- ◊ IDENTIFY TRAUMA REGISTRY PATIENTS
- ◊ TC REVIEWS CHART
  - ◊ ABSTRACTS TRAUMA REGISTRY
  - ◊ COMPLETES INDICATOR LIST (NURSING DOCUMENTATION)
- ◊ IDENTIFY FALL OUTS (STATE FEEDBACK)
- ◊ CONDUCT CASE REVIEWS AT TRAUMA COMMITTEE
- ◊ REGIONAL & AREA TRAUMA CENTER FOLLOW-UP





BUT MAYBE WE HAVE BEEN LOOKING  
AT THIS FROM THE WRONG DIRECTION



**AMERICAN COLLEGE OF  
SURGEONS**

**PERFORMANCE  
IMPROVEMENT AND  
PATIENT SAFETY  
MANUAL**

○ **PERFORMANCE IMPROVEMENT  
EMPHASIZES  
A CONTINUOUS,  
MULTIDISCIPLINARY EFFORT  
TO MEASURE, EVALUATE, AND  
IMPROVE THE PROCESS OF  
CARE AND ITS OUTCOME**





**FOR TRAUMA PATIENTS**

Trauma Registry

Facility Defined

**WHO**

# Who Does It

## TRAUMA COORDINATOR

- ☐ PREPARATION
- ☐ YOU DO MOST THE WORK
- ☐ USUALLY JUST ONE OF YOUR ROLES
- ☐ PATIENCE & TENACITY
- ☐ BE CREATIVE
- ☐ NOT DONE BY ONE PERSON







# WHO ELSE....

- ◊ ADMINISTRATIVE SUPPORT
- ◊ REPRESENTATIVES OF THOSE INVOLVED IN TRAUMA CARE
- ◊ WHO MAKES DECISIONS
- ◊ BEST WAYS
  - ◊ ENGAGE WITH FULL INVOLVEMENT (BEGINNING TO END)
  - ◊ EDUCATION ON PERFORMANCE GOALS / WHY
  - ◊ KNOWLEDGABLE OF ROLE & RESPONSIBILITY



# TRAUMA DESIGNATION REDUCE DEATH & DISABILITY

## WHY



RESOURCES  
FOR  
OPTIMAL CARE  
OF THE  
INJURED  
PATIENT



COMMITTEE ON TRAUMA  
AMERICAN COLLEGE OF SURGEONS

# TRAUMA DESIGNATION

- ☐ REQUIRED
- ☐ NOT JUST A PAPER EXERCISE
- ☐ IDENTIFY WHAT IS REALLY IMPORTANT
- ☐ DOES THIS PROCESS IMPROVE CARE FOR THE NEXT PATIENT



PROVIDE OPTIMAL TRAUMA CARE

WHAT





# WHAT IS OPTIMAL CARE

- ◊ AMERICAN COLLEGE OF SURGEONS
  - ◊ ATLS
- ◊ EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA
- ◊ TNCC, ATCN, ENPC, PALS
- ◊ MONTANA TRAUMA MANUAL
- ◊ EVIDENCE BASED APPROACH



PROMPT CASE REVIEW  
CONCURRENT PATIENT ROUNDS

WHEN





START AT THE BEGINNING  
THROUGH THE CONTINUUM

WHERE



HOW





# SOURCES OF INFORMATION

- ◊ NURSING DOCUMENTATION

- ◊ IS THE INFORMATION AVAILABLE TO EVALUATE APPROPRIATENESS OF CARE

- ◊ EMS DOCUMENTATION

- ◊ MECHANISM OF INJURY, PATIENT ASSESSMENT & CARE PROVIDED

- ◊ PROVIDER DOCUMENTATION

- ◊ PATIENT EVALUATION, INJURY IDENTIFICATION & CARE PROVIDED

- ◊ RADIOLOGIST & LAB REPORTS

- ◊ RECEIVING FACILITY FEEDBACK

- ◊ STATE TRAUMA REGISTRY PATIENT REPORTS

- ◊ STAFF FEEDBACK





# PERFORMANCE INDICATORS

- LOOK AT KEY ASPECTS OF CLINICAL PATIENT CARE
- PROCESS WITH ESTABLISHED LINK TO OUTCOME
- EVALUATE TIMELINESS, EFFECTIVENESS, SAFETY & EFFICIENCY
- MEASURE WHAT IS CONSIDERED CURRENT ACCEPTED PRACTICE
- SERVES AS A FLAG FOR CLOSER LOOK AT AN ISSUE
- OFTEN NEED TO INVESTIGATE FURTHER INTO WHAT HAPPENED





## **“SMELL PRINCIPLE”**

**REVIEW OF PERFORMANCE INDICATORS IS NOT ENOUGH**

**ALSO NEED TO LOOK AT OVERALL CARE AS THERE MAY BE  
OTHER SIGNIFICANT ISSUES THAT COULD BE USED AS  
OPPORTUNITIES FOR IMPROVEMENT**



# DOCUMENTATION IMPROVEMENT

- ◊ WHAT INSPIRES ME TO DO A BETTER JOB?
  - ◊ EDUCATION ABOUT WHY INFORMATION NEEDED
  - ◊ PEER OR SELF CHART REVIEW
  - ◊ GROUP DISCUSSION
  - ◊ INDIVIDUAL FEEDBACK
  - ◊ TIE WITH EVALUATION
  - ◊ REWARD FOR THE BEST





# KEY ASPECTS OF CARE

- ◊ INAPPROPRIATE TRAUMA TEAM ACTIVATION
  - ◊ OVER AND UNDER TRIAGE
  - ◊ TRAUMA TEAM NOTIFICATION & RESPONSE TIMES
- ◊ PROLONGED EMS TIMES (ENROUTE & SCENE)
- ◊ RADIOLOGY MISREAD
- ◊ DEATH



# KEY ASPECTS OF CARE

## ○ **A**IRWAY / C-SPINE

- DOES THE PATIENT NEED AIRWAY MANAGEMENT
  - WAS IT EFFECTIVE
  - WAS IT DONE IN A TIMELY MANNER

## ○ **B**REATHING

- DOES THE PATIENT NEED BREATHING ASSISTANCE
  - WAS IT EFFECTIVE AND TIMELY





# KEY ASPECTS OF CARE

## ○ CIRCULATION

- WAS THE PATIENT'S PERFUSION EFFECTIVE
  - INEFFECTIVE PERFUSION PREVENTED OR TREATED APPROPRIATELY & TIMELY

## ○ DISABILITY

- WHAT WAS THE NEURO ASSESSMENT
- PREVENTION OF SECONDARY BRAIN INJURIES



# KEY ASPECTS OF CARE

## ◊ ENVIRONMENT

- ◊ WAS HYPOTHERMIA PREVENTED, IDENTIFIED & TREATED

## ◊ FACILITATE TRANSFER

- ◊ WAS THERE TIMELY INTER-FACILITY TRANSFER
  - ◊ TIME TRANSFER INITIATED
  - ◊ TIME TRANSFER TEAM ARRIVES & LEAVES





# PRIMARY REVIEW

- ◊ YOU REVIEW THE ENTIRE MEDICAL RECORD AS SOON AS POSSIBLE. CONCURRENT IF ADMITTED
  - ◊ COMPLETE PERFORMANCE INDICATOR FORM
  - ◊ DOES OVER-ALL CARE LOOK APPROPRIATE
- ◊ OBTAIN ADDITIONAL INFO AS NEEDED
  - ◊ INTERVIEW STAFF – DOCUMENT
  - ◊ RECEIVING FACILITY CALL/REPORTS – DOCUMENT
- ◊ INITIATE FOLLOW-UP - DOCUMENT



# SECONDARY REVIEW

- ◊ THE CHART ALONG WITH YOUR PERFORMANCE EVALUATION REVIEWED BY TRAUMA MEDICAL DIRECTOR / DESIGNEE
- ◊ ASSURE THIS REVIEW IS DOCUMENTED
- ◊ SHOULD NOT BE TOO EXONERATIVE
  - ◊ THIS SHOULD BE HELPED BY STARTING ON THE SAME PAGE
- ◊ DECIDE WHAT SHOULD BE DONE NEXT
  - ◊ TREND
  - ◊ FOLLOW-UP
  - ◊ COMMITTEE REVIEW





# TERTIARY REVIEW

- ◊ WHO NEEDS TO BE INVOLVED IN DISCUSSION OF THE PERFORMANCE ISSUES IDENTIFIED
  - ◊ MULTIDISCIPLINARY TRAUMA COMMITTEE
  - ◊ PEER REVIEW
- ◊ ENGAGE GROUP
  - ◊ OBTAIN BUY-IN
  - ◊ DEFINE THEIR ROLE
  - ◊ MAKE IT FUN AND INTERESTING
- ◊ DOCUMENT CANDID GROUP DISCUSSION OF THE PERFORMANCE ISSUES



# ACTION PLAN - DOCUMENT

- ◊ DETERMINE PLAN OF ACTION
  - ◊ EDUCATION – ALL PROVIDERS, NURSES AND/OR EMS
  - ◊ PRACTICE GUIDELINES
  - ◊ EQUIPMENT/SUPPLIES
  - ◊ COUNSELING INDIVIDUAL(S)
  - ◊ TRENDING
  - ◊ REFERRAL TO RTC, RTAC, STCC
- ◊ IMPLEMENT PLAN (DON'T JUST TALK ABOUT IT)
- ◊ CONTINUE REVIEW TO SEE IF ACTION PLAN WORKED  
“LOOP CLOSURE”





# TRAUMA PERFORMANCE IMPROVEMENT

- TRAUMA PERFORMANCE IMPROVEMENT IS DIFFERENT FROM HOSPITAL QA/QI
- WE DON'T PRIMARILY TREND
- TRAUMA COORDINATOR MUST BE KNOWLEDGABLE OF / INVOLVED WITH ALL LEVELS OF REVIEW
- SHARE WITH OR INTEGRATE INTO HOSPITAL PROGRAM

A stylized illustration of a bright yellow sun with a blue outline, partially obscured by blue and white clouds. The background is a solid blue color.

# PROTECTION

CONFIDENTIALITY LANGUAGE  
ON ALL DOCUMENTATION

KEEP IN SECURE LOCATION





# SUMMARY

- TRAUMA PI IS MOST EFFECTIVE WHEN ALL MEMBERS OF THE TRAUMA TEAM ARE ENGAGED IN THE PROCESS
- DEFINE THE POPULATION TO BE INCLUDED
- DETERMINE AUDIT FILTERS BASED ON CURRENT STANDARDS FOR KEY ASPECTS OF CARE
- DOCUMENT HOW IDENTIFIED PERFORMANCE ISSUES ARE ADDRESSED AND IF IT WAS EFFECTIVE